



**Department of the Treasury**  
*Federal Law Enforcement Agencies*  
**PROCESS RECEIPT AND RETURN**

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 04-10003-MEL		
DEFENDANT METALOR USA REFINING CORPORATION		TYPE OF PROCESS Preliminary Order of Forfeiture		
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize J. William Codinha, P.C.			
	Address (Street or RFD / Apt. # / City, State, and Zip Code) Nixon Peabody, LLP, 101 Federal Street, Boston, MA 02110-1832			
Send NOTICE OF SERVICE copy to Requester:  SHELBY D. WRIGHT, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.		
		Number Of Parties To Be Served In This Case.		
		Check Box If Service Is On USA		
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)  Please serve the attached Preliminary Order of Forfeiture upon the above-named individual by certified mail, return receipt requested.				
LJT x3283				
Signature of Attorney or other Originator requesting service on behalf of <i>Shelby D. Wright</i>		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100	Date Feb. 6, 2004
SIGNATURE OF PERSON ACCEPTING PROCESS:				Date
<b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>				
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	<b>SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:</b>  <i>[Signature]</i>	
I hereby Certify and Return That I [ ] PERSONALLY SERVED, [ ] HAVE LEGAL EVIDENCE OF SERVICE, [ ] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.				
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.				
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.		
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service	<input type="checkbox"/> I AM <input type="checkbox"/> 1 PM  <i>Please see Remarks below</i>
Signature, Title and Treasury Agency <i>Stephen P. Leonard, Forfeitures Officer</i>				
<b>REMARKS:</b> The above referenced copy of the Order was served by certified mail return receipt requested. Certified mail number 70012510000343005230. Copy of signed Postal Receipt form attached.			U.S. Customs and Border Protection <i>[Signature] 10/13/2004</i>	

TD F 90-22.48 (6/96)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
  - Print your name and address on the reverse so that we can return the card to you.
  - Attach this card to the back of the mailpiece, or on the front if space permits.
- ENR 10003-10003-MEL

**1. Article Addressed to:**

J. William Codinha, P.C.  
Nixon, Peabody, LLP  
101 Federal St.  
Boston, MA 02110-1832

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

- Agent  
 Addressee

**B. Received by (Printed Name)****C. Date of Delivery**

- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

**3. Service Type**

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

**4. Restricted Delivery? (Extra Fee)**

- Yes

2. Article No. 7001 2510 0003 4300 5230  
(Transfer from \_\_\_\_\_)

PS Form 3811, August 2001

Domestic Return Receipt

102695-01-M-0381

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

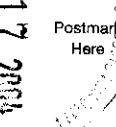
**OFFICIAL USE**

DE25 DE04 E000 DT52 1002

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To  
J. William Codinha, P.C.  
Nixon, Peabody, LLP  
or PO Box No.  
101 Federal St.  
City, State, ZIP 02110-1832

PS Form 12800, January 2001

Postmark  
Here

See Reverse for Instructions